

Case Study 2: Patient G.C.

You admit G.C., 48 yr. old obese Hispanic male with Type 2 Diabetes on your medical floor with left heel ulceration. He completed antibiotics and Prednisone for a severe respiratory infection 1 week ago. He is a soft-spoken unemployed cook. He conveys that he lives with Mama (she is present speaks no English). He is unmarried and has no children. He appears depressed. You scan his Labs:

Blood glucose 275
BUN 32 – Creatinine 2.5
Triglycerides, Total Cholesterol 270

He states he was started on 25 units of NPH Insulin when he developed the foot ulcer several weeks ago. He states his PCP said if he does not “straighten out he may end up on dialysis.” You ask him if he maintains a dietary plan and he says; “sometimes.” GC states his doctor told him to try to maintain a blood glucose level of 100-150.

The next day GC received his AM dose of insulin at 0645. Blood glucose check at 11:30 is 138. You note GC ate poorly at breakfast and very little at lunch because he wanted to rest. At 1430 you want to check on GC and are prepared to change the dressing on his foot. When you enter the room, he says he has a headache. You immediately check his blood sugar which is 69.

- **What is your immediate plan of direction?**
 - o Give him apple juice and recheck BS after 15 min
- **Why did the hypoglycemia occur at 4 PM?**
 - o GC was given NPH insulin at 0645 and it peaks after 8 hours and he barely ate for breakfast and lunch which is why hypoglycemia is occurring.
- **What nursing diagnoses are appropriate?**
 - o Risk for unstable blood glucose level
 - o Imbalanced nutrition: less than body requirements
 - o Risk for deficient fluid volume
 - o Risk for impaired skin integrity
- **Why does the doctor recommend that GC maintain a higher-than-normal level?**
 - o Due to unstable blood glucose levels with NPH medication and improper diet GC is at risk for hypoglycemia, which is why a higher-than -normal level is recommended for prevention.
- **What could cause GC's blood sugar to elevate?**
 - o GC is diabetic; producing just enough insulin to push through
- **What barriers does GC have?**
 - o Language barrier and does not comply with medication
- **What are important goals for GC regarding diabetes care?**

- o Proper diet in accordance to medication especially insulin maintenance.
 - o Proper foot care hygiene.
 - o Maintain BS level of 100-150 per doctor's recommendation
- **What culture or language challenges might GC have?**
 - o Difficulty conveying his needs regarding his care